

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sam		5/6/00
O.I.P.E. CLASSIFIER	BCW	1611	5/15/00
FORMALITY REVIEW		16200	7-22
RESPONSE FORMALITY REVIEW			10-17

# INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
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—	(Through numeral)..... Canceled	A	..... Appeal
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Best Available Copy

If more than 150 claims or 10 actions  
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